Pathology and Therapy of Progressive Bulbar Paralysis. —Remak (*Berlin. Klin. Wochenschr.*, No. 2, 1895).

Remak reports the case of a woman twenty-one years old, of healthy parentage, in whom there existed amyotrophic lateral sclerosis with involvement of and paralysis in the upper seventh nerve distribution. This in contrast to the widespread opinion, and it may be said the rule, that the upper facial innervation is never affected in progressive amyotrophic bulbar paralysis.

Remak says that his case demonstrates also that the therapeutic efficacy of electricity cannot to be relegated to mental influence or suggestion. As the result of daily galvanization of the swallowing muscles, an anode of 30 ccm. applied immediately beneath the border of the occiput, a cathode 15 ccm. close to the pomum Adaini, and with a current of from 3 to 6 m.a., staile application.

The patient had been reduced to a very unnourished condition on account of the inability to swallow. After a few days the beneficial effects of the electrical treatment were to be seen, and it was not long before the patient could eat and swallow with some degree of comfort. This increased capacity to take food was followed by an increase of bodily weight and a general bettering of nutrition, which continued for several months, when the progressiveness of the disease once more assumed the ascendancy. J. C.

Talalgie.—(*Gazette des Hospitaux*). In a work having for its title, "A Contribution to the History of Talalgie," Mm. Brousses and Berthier, of the Lyon's Medical School, have attempted to elucidate the pathology of talalgie. They observed a case where an opportunity to make an histological examination was afforded and as a result have formulated the following conclusions: First, the cases observed had for its essential lesion a localized interstitial neuritis of traumatic origin. Second, the predisposing cause of this affection was an anomaly of the nerve distribution. According to these authors the term talalgie belongs in nosological classificactions as an appelation simply to designate a group of affections, badly classed, having but certain common symptoms and differing most frequently and profoundly between themselves as regards anatomical lesions, and requiring a therapeusis as varied as their pathology. FREEMAN.

THERAPEUTICAL.

The Employment of Sparks of Opened Induction Coils for Diagnostic and Therapeutic Purposes.—Sternberg (*Neurolog. Centralblatt*, 1895, No. 13).

If one end of a secondary coil of an induction apparatus is connected with the earth by a suitable conductor, a powerful spark is obtained from the other end, which is produced by the opening induction current. These sparks have the same affects as those of a static machine or of a Leyden jar.

To conduct off to the earth, one end of the secondary coil is connected with a piece of telegraph wire; the free end of the latter rubbed bright with emery or sand paper is wound several times around a water or gas pipe, which previously was rubbed or filed bright so as to secure metallic contact; finally the wire is soldered to the pipe with lead.

The other end of the secondary induction coil is connected in the usual manner with a common conducting wire.

If the free end of the conducting wire is now held near the skin of an individual, sparks will be seen jumping over. But if the free conducting wire is connected with a common well-moistened electrode and the latter firmly applied to the hand, no effect is felt even with full approximation of the coils of the sliding apparatus. In this case the human body acts as a condensor and becomes charged with electricity only at the surface so that no current passes through the nerves. If a person thus connected approaches another one, sparks jump over to the latter.

If the sliding coil forms part of an "electric table" or "tableau," it is not advisable to make the connection with the earth and with the free conducting wire by means of the two poles of the "tableau," as in this case "influence working" weaken the sparks. To avoid this it is best to connect directly with the two poles of the secondary coil. The described effects can be obtained only when good, powerful apparatus are used; the cells must be of sufficient size and freshly filled.

Practically, S. has made the following applications of his method:

1. For diagnostic purposes to test the sense of pain.

The free conducting wire is not connected with an electrode, but its free end is directly approached to the skin district to be tested. The sparks which then fly over to the skin of the patient are painful; an analgesic district can thus be marked off very conveniently. The evil consequences of the customary test for pain with the needle, bleeding and the risk of septic infection, are avoided by this procedure.

2. For therapeutic purposes.

The free conducting wire is connected with a well-moistened electrode which the physician seizes with his left hand. His right (dry) hand, the palm of which is turned towards, the patient is then held over and at a distance of from ½ to 1 mm. from the region to which the electricity is to be applied. With a sufficient strength of current, that is when the two coils of the sliding apparatus are sufficiently approximated, numerous small sparks fly over from the palm of the physician to the skin of the patient. The latter has a pricking sensation; the physician feels nothing in the left hand (the one which holds the electrode), while in his other (the "faradic hand") he feels a very slight, hardly noticeable effect of the current.

S. has employed this method with good success in the treatment of all kinds of painful diseases, especially of headaches of various kinds. The neurasthenic "head pressure" disappears frequently, the frontal and temporal pain of chlorotics nearly always after one or several sittings. In two cases of cerebral tumor—diagnosis confirmed by autopsy—the headache could be relieved for several months by one sitting. S. does not deny that the therapeutic effects are such of suggestion. This, however, does not detract from the usefulness of the method. ONUF.

The Treatment of Neurasthenia Insomnia.—Claus (*Wien. Klin. Rundschau*). Among the hypnotics recommended in recent text-books on nervous diseases for the treatment of the insomnia that so frequently attend cases of neurasthenia, a prominent place is generally assigned to trional. In this class of cases it is necessary to administer a remedy which will produce a normal refreshing sleep, free from unpleasant after-effects which will act promptly, and be easy of administration, and last, but not least, which can be given for a long time without loss of effect or formation of a habit. Trional possesses all these qualifications, which are demanded of an ideal hypnotic in neurasthenia. Dr. Claus has lately reported thirty cases of neurasthenic sleeplessness, in which it was more reliable and safe than other drugs. It must not be forgotten, however, as Claus takes pains to emphasize that neurasthenics are apt to exaggerate their subjective symptoms, and often sleep better than they pretend—and this fact must be taken into consideration in estimating the results obtained from the hypnotic. In the majority of these cases he finds that the patient falls asleep as soon as he is in bed, but awakes at the end of two or three hours, and can obtain no further sleep for that night. Others remain awake for hours, often until morning. The question now arises, how shall trional be employed in the former class of patients? Shall it be administered before the patient retires, or at the time of awaking? On the ground of his experience Claus concludes that the former plan is to be preferred,